


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90153 045 \*\*\*\*50.00

<b>DOCUMENT # L05000037802</b>						
<b>1. Entity Name</b> 925 SE 11TH AVENUE, L.L.C.						
<b>Principal Place of Business</b> 2018 S.E. 21ST STREET CAPE CORAL, FL 33990			<b>Mailing Address</b> 2018 S.E. 21ST STREET CAPE CORAL, FL 33990			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	01162006    Chg-LLC    CR2E083 (11/05)		
<i>Lee</i>	<i>Lee</i>	<i>1</i>	<i>Lee</i>	<b>4. FEI Number</b> 20-2711126		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> BLOW, DALE 2018 S.E. 21ST STREET CAPE CORAL, FL 33990			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOW, DALE A			NAME		
STREET ADDRESS	2018 S.E. 21ST STREET			STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33990			CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOW, JON M			NAME		
STREET ADDRESS	7 OREGON AVENUE			STREET ADDRESS		
CITY - ST - ZIP	OLD ORCHARD BEACH, ME 04064			CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT M. DE RUPO, P.A.			NAME		
STREET ADDRESS	2219 S.E. 10TH LANE			STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33990			CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT VIERA, P.A.			NAME		
STREET ADDRESS	1411 S.E. 39TH TERRACE			STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33904			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.</b>						
<b>SIGNATURE:</b> <i>Dale A Blow</i>				1-24-06    239-7729354		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #		